

### Rent Assessment Form

Address (including Eircode): \_\_\_\_\_

Email address (for correspondence): \_\_\_\_\_ Contact No: \_\_\_\_\_

#### Section A

#### Household Details

Please list below all persons aged 18 or over residing in the household including the tenant(s) and all income.

Note: If any person is 18 years or over and attending school/college full-time, a letter from the school/college confirming this must be submitted with the Rent Assessment Form.

Full Name	Date of Birth	PPS Number	Relationship to tenant	Source of Income (employment, self-employed, social welfare, FIS, etc)	Income (state amount and frequency of payment i.e. weekly, fortnightly, etc.)

#### Particulars of all Children in the Household

Please list below all children residing in the household.

Note: If a baby has been born a birth certificate must be provided.

Full Name	Date of Birth	PPS Number	Relationship to tenant	Name of school/college attending

### Changes in household size since last rent review

Please list below persons who have **moved into** the household.

Note: Please be advised that all new tenants will be Garda Vetted.

Full Name	Date of Birth	PPS Number	Previous Address	Relationship to Tenant	Date of Occupation

Please list below persons who have **moved out** of the household since the last rent review.

Note: A lease agreement or utility bill from their new address dated from the time the person moved out must be provided. If a death has occurred a death certificate must be provided.

Full Name	Date of Birth	PPS Number	New Address	Relationship to Tenant

**Section B**

**Certificate of Income**

This section must be completed, signed and stamped by the employer for all tenants in employment.

Note: A copy of three recent consecutive payslips must be submitted with the Rent Assessment Form. A P21 Balancing Statement must also be submitted (to be requested from Revenue).

If you are self-employed you must submit your most recent audited accounts and most recent Notice of Assessment.

**Employee's Name:** \_\_\_\_\_ **PPS No:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Date Employment commenced:** \_\_\_\_\_

**Is this employment permanent/part-time/seasonal?** \_\_\_\_\_

**Net Weekly Income:** € \_\_\_\_\_

I hereby certify that the details of earnings as set out above are correct.

**Employer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employers Official Stamp**

**Section C**

**Social Welfare**

This section must be completed if any tenant is in receipt of any form of social welfare payment i.e. One Family Payment, Jobseeker's Benefit, Deserted Wife's, etc

**Name:** \_\_\_\_\_

**PPS No:** \_\_\_\_\_

**Type of benefit**

State Pension		Part-time Job Incentive Scheme	
Widowers Pension		Jobseeker's Benefit	
One Family Payment		Jobseeker's Allowance	
Illness Benefit		Daily Rate (working part time)	
Invalidity Pension		Deserted Wife's Benefit	
Disability Allowance		Deserted Wife's Allowance	
Blind Pension		Family Income Supplement/Working Family Parent	
Injury Benefit		Farm Assist	
Disablement Benefit		Supplement Welfare Allowance	
Back to Work Allowance		Carer's Benefit/Allowance	

**Other (please specify):** \_\_\_\_\_

**Total Amount of Benefit(s):** € \_\_\_\_\_

**Breakdown of social welfare payment:**

Claimant	€
Adult Dependent	€
Dependent Children	€
Other	€
Deductions – Please specify	€

**Note:** Section 261 of the Social Welfare (consolidation) Act 2005 allows for the exchange of information between Government Departments and specified organisations such as Kildare County Council. Section 265 of the same Act allows the council to access or to verify information which has been provided by the tenant(s) with the Department of Social Protection records for the purpose of calculating rents. This does not affect the tenant(s) access rights under Section 4 of the Data Protection Act 1988 as amended.

**Section B**

**Certificate of Income**

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If you are self-employed you must submit your most recent audited accounts and most recent Notice of Assessment.

**Employee's Name:** \_\_\_\_\_ **PPS No:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Date Employment commenced:** \_\_\_\_\_

**Is this employment permanent/part-time/seasonal?** \_\_\_\_\_

**Net Weekly Income:** € \_\_\_\_\_

I hereby certify that the details of earnings as set out above are correct.

**Employer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employers Official Stamp**

**Section C**

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**Name:** \_\_\_\_\_

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**Type of benefit**

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Injury Benefit		Farm Assist	
Disablement Benefit		Supplement Welfare Allowance	
Back to Work Allowance		Carer's Benefit/Allowance	

**Other (please specify):** \_\_\_\_\_

**Total Amount of Benefit(s):** € \_\_\_\_\_

**Breakdown of social welfare payment:**

Claimant	€
Adult Dependent	€
Dependent Children	€
Other	€
Deductions – Please specify	€

**Note:** Section 261 of the Social Welfare (consolidation) Act 2005 allows for the exchange of information between Government Departments and specified organisations such as Kildare County Council. Section 265 of the same Act allows the council to access or to verify information which has been provided by the tenant(s) with the Department of Social Protection records for the purpose of calculating rents. This does not affect the tenant(s) access rights under Section 4 of the Data Protection Act 1988 as amended.

**Section D**

**Maintenance**

To be completed if any tenant is in receipt of a maintenance payment.

I, \_\_\_\_\_ wish to confirm that I receive a maintenance payment of  
€ \_\_\_\_\_ weekly/monthly in respect of my children.

To be completed if any tenant is not in receipt of a maintenance payment.

I, \_\_\_\_\_ wish to confirm that I do not receive any maintenance payment in  
respect of my children.

To be completed if any tenant makes a maintenance payment.

I, \_\_\_\_\_ wish to confirm that I pay maintenance of € \_\_\_\_\_  
weekly/monthly in respect of my children.

Note: Proof of receipt/payment of maintenance will be required i.e. copy of court order, bank statement showing  
receipt/payment, letter from mother/father, etc.

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**Declaration (must be signed or rent assessment form will be returned)**

I/We declare that all of the information given by me/us for the purpose of rent assessment is true  
and complete.

I/We certify that no persons other than those listed are residing at my address.

**Important: It is a serious breach of your tenancy to provide false or misleading information  
to Kildare County Council.**

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Tenant Tenant

**Checklist**

- |  |                          |
|--|--------------------------|
| 1. Fully completed and signed application form                               | <input type="checkbox"/> |
| 2. PPS numbers for all household members                                     | <input type="checkbox"/> |
| New Baby – Birth Certificate   | <input type="checkbox"/> |
| Death of occupant – Death Certificate  | <input type="checkbox"/> |
| 3. Evidence of income  |                          |
| <b>Employment</b>  |                          |
| P21 Balancing Statement (to be requested from Revenue)                       | <input type="checkbox"/> |
| Three recent consecutive payslips  | <input type="checkbox"/> |
| <b>Self Employment</b>   | <input type="checkbox"/> |
| Last years audited accounts  | <input type="checkbox"/> |
| Notice of Assessment   | <input type="checkbox"/> |
| 4. Proof of maintenance receipt/payment                                      | <input type="checkbox"/> |
| 5. Proof from school/college if in full time education (if 18 years or over) | <input type="checkbox"/> |